

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEQ.

APPLICANT(S)

FILING DATE

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

CLAIMS

1
2
3
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TOTAL IND.

24

TOTAL DEP.

14

TOTAL CLAIMS

10

RECORDED

IND.

DEP.

IND.

DEP.

IND.

DEP.

AS FILED

IND.

DEP.

AFTER
1ST AMENDMENT

IND.

DEP.

AFTER
2ND AMENDMENT

IND.

DEP.

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100

TOTAL IND.

24

TOTAL DEP.

14

TOTAL CLAIMS

10

RECORDED

RECORDED